

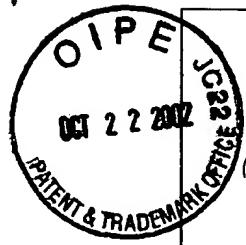
3629

Please type a plus sign (+) inside this box →

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



TRANSMITTAL FORM

(To be used for all correspondence
after initial filing)

Application Number	09/510,580
Filing Date	February 22, 2000
First Named Inventor	Richard A. Leeds
Group Art Unit	3629
Examiner Name	Naresh Vig
Attorney Docket No.	59622-2

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> CD(s), Number of CD(s) _____
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance
<input checked="" type="checkbox"/> Amendment/Response	<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/> Communication to Group
<input type="checkbox"/> After Final	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition	Board of Appeals and Interferences
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Information Disclosure Statement; Form PTO-1449	<input type="checkbox"/> Declaration	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Cited References	<input type="checkbox"/> Statement under 37 CFR 3.73(b)	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Additional Enclosure(s) (please identify below): _____ _____ _____
<input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Request for Refund	

Remarks

GROUP 3600

OCT 29 2002

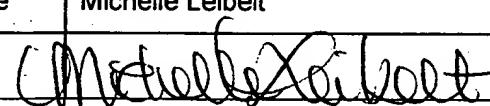
RECEIVED

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Individual Name	Brian L. Johnson	 22504 PATENT TRADEMARK OFFICE
Signature		
Date	October 16, 2002	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on the date specified below.

Typed or printed name	Michelle Leibelt	
Signature		Date: October 16, 2002



COPY OF PAPERS
ORIGINALLY FILED

#4A 11-25-02

PATENT

I hereby certify that on the date specified below, this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to the Box Non-Fee Amendment, Commissioner for Patents, Washington, DC 20231.

October 16, 2002

Date

Michelle Leibelt

Michelle Leibelt

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Richard A. Leeds
Application No. : 09/510,580
Filed : February 22, 2000
For : SYSTEM AND METHOD FOR PRESENTING CUSTOMIZED
SELECTIONS OVER A COMPUTER NETWORK

Examiner : Naresh Vig
Art Unit : 3629
Docket No. : 59622-2
Date : October 16, 2002

Box Non-Fee Amendment
Commissioner for Patents
Washington, DC 20231

RECEIVED
OCT 29 2002
GROUP 3600

AMENDMENT

Commissioner for Patents:

In response to the Office Action dated July 16, 2002, please amend the application as follows:

In the Claims:

Please cancel claims 1-16, 18, and 20-29.

Please amend claims 17 and 19.

Please add claims 30-47.